JAN 16 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35614

1. PLACE OF DEATH

County: Daviess — Registration District No. 250

Township: Union — Primary Registration District No. 5348

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 766

2. FULL NAME Isaac Martin Swofford

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Serphina Swofford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 29, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture

10. Date deceased last worked at this occupation (month and year) Oct. 1920

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Kentucky

FATHER

13. NAME John Swofford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Thursa Binyard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James Swofford
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centenary Cem. DATE Nov. 20 1935

19. UNDERTAKER Hope Furniture & Undt. Co.
(ADDRESS) Gallatin, Missouri

20. FILED 11/20, 1935 H. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to Nov. 19, 1935

I last saw him alive on Nov. 16, 1935. Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Debility of age	

Other contributory causes of importance:
Mitral regurgitation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. A. Swolen, M. D.

(Address) Gallatin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 12